

FILED OCT 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34093

Registrar's No. 8391

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1510 S. Salisbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Norman Edler

3. (b) If veteran

name war Spanish American

3. (c) Social Security No.

None

4. Sex MD 5. Color or race W
6. (b) Name of husband or wife Elizabeth Edler
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 9 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 17 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk - Retired

11. Industry or business

12. Name Anthony Edler
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary (Unknown)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frances McNeill
(b) Address 1510 S. Salisbury

17. (a) Burial (b) Date thereof 9 29 48
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation National Cem. Jeff. Barrack

18. (a) Signature of funeral director Edw. Koch & Son
(b) Address 3516 N. 14th - St. Louis Mo.

19. (a) SEP 27 1948 (Date received local registrar)
J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 000
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 1510 S. Salisbury (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1948 hour 4 minute 46 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

- Due to Coronary Occlusion
Due to Coronary Sclerosis

- Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- (Specify type of place) _____
(e) Means of injury _____
23. Signature Edw. Koch & Son (M.D. or other)
Address _____ Date signed 9/27/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Separate Embalmer Certificate to be filed

SEP 27 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.